

INFORMATION ON
TRANSEXUALISM FOR LAW
ENFORCEMENT OFFICERS

Erickson

Educational

Foundation

A NON-PROFIT ORGANIZATION



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Errata

p.13: The Erickson Educational Foundation, and in San Francisco the Center for Special Problems, issue ID cards to transsexuals on request.

p.27, paragraph 3, second sentence: Most states consider homosexual relations between consenting adults to be a crime, but some do not.

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INTRODUCTION

Western civilizations of the Christian era generally have dealt harshly with that large class of gender-disturbed persons which includes the homosexual, the transvestite and the transexual. They have been subjected to a variety of legal and social penalties, ranging from physical violence and ridicule to social ostracism and job discrimination, and, in some cases, criminal prosecution and imprisonment. Not all human societies have been similarly repressive. There may be a lesson in tolerance to be drawn from the example of many so-called primitive peoples, who matter-of-factly accept the various expressions of ambivalent or reversed gender roles.

Neither the individuals concerned nor society as a whole benefits from our punitive attitudes toward this not inconsiderable portion of the population. Whether our disapproval drives them into social ghettos or a more severe withdrawal from human contacts, in so alienating these citizens we also deprive society of the positive contributions they might otherwise make.

It is helpful to remind ourselves that no act or pattern of behavior is in itself, or universally considered to be, morally offensive or criminal. We base our definitions of unacceptable or criminal conduct on often imperfectly conceived empirical and sociological considerations, and these in turn stem from reaction patterns that are largely habitual and unconsidered.

It is essential, then, to the health of a society that its judiciary and its law enforcement agencies periodically reexamine the assumptions behind their practices, and particularly with regard to those citizens whose behavior deviates from the accepted norm. A period of social change and vocal minorities, such as we are now experiencing, tends to promote such reappraisals of accepted attitudes and this is reflected in current judicial practice. There is a growing concern today, on the part of laymen as well as professionals, to try to understand and to help support the rehabilitation of the deprived, whether the deprivation is social or emotional or economic.

Sociologists and psychologists have long agreed that every human being, without exception, exhibits both masculine and feminine qualities. For the majority, these are predominantly those of their biologic sex. For those in the minority, for whom this is not the case, the resulting ambiguity or contradiction can be painful to the person concerned as well as confusing to others. The law enforcement officer,

in the pursuance of his duties, may be faced with perplexing decisions as to the treatment of "deviant" individuals, who may be committing no other "crime" than giving natural expression to socially atypical and stigmatized, but by no means uncommon, personality traits.

In promoting its program of providing information on various aspects of gender identity disturbance to professionals in the medical and behavioral sciences, and to other interested groups, the Erickson Educational Foundation sponsors international conferences and is represented at many meetings and seminars convened by universities and professional associations. In addition to funding research projects, we also prepare and distribute a series of pamphlets directed toward various groups of laymen and professionals who are concerned in the welfare of the transexual: their families, physicians and surgeons, psychotherapeutic counselors, legal advisors and clergy. This pamphlet is designed to put law enforcement officers abreast of the latest medical findings with regard to gender-disturbed persons, and especially the most unusual of these,† the transexual, in the hope that this information may be useful in assisting in the current progressive review of police policies and practices.

The Erickson Educational Foundation has enjoyed many cordial and rewarding contacts with the officers and men of police departments and academies throughout the country. We have been encouraged by the interest they have shown in informing themselves about the sexual minorities. Many of the questions answered in these pages originally were raised by members of the police, either in private consultation with us or during the question-and-answer periods of professional meetings we have jointly attended.

† This is not so small a group as is commonly thought. Upwards of 1,800 Americans, according to current estimates, are believed to have undergone sex reassignment surgery.

QUESTIONS AND ANSWERS

What is a transexual?

The transexual is an individual who has a conviction that he or she[‡] belongs to the opposite sex, and desires to have the body and social status of that sex, a goal which is now attainable through medical therapies including sex reassignment surgery.

[‡] For the sake of clarity, masculine pronouns will be used throughout this pamphlet to refer to both male-to-female and female-to-male transexuals, except where one type or the other is discussed specifically.

What causes transexualism?

The exact causes of transexualism are not yet fully understood, although specialized medical researchers throughout the world have begun to define some of the biological and psychological factors which may predispose an individual toward transexualism. The administering of hormones to the pregnant mother during certain phases of the prenatal period may affect areas of the brain which regulate masculine and feminine behavior. Other medications taken at these times, for example barbiturates, may also alter the development of the fetus, as may some intrauterine viral infections.

Transexual symptoms need not develop under such circumstances, and usually do not. But in the event that the fetus has been disturbed by one of the factors cited above, or by others still unknown, the individual may after birth be more vulnerable to the development of transexualism. The postnatal environment during the first years of life—the child's relationships with parents or guardians and siblings—may then provide the deciding factor, if these relationships are seriously disturbed.

If a person decides to be a transexual, can't he change his mind about it?

Most specialists in problems of gender identity agree that the transexual condition is irrevocably established very early in life, *probably during the child's first two years*. Others believe that the condition is determined during the fetal period. All agree that there is no chance of effectively modifying the condition unless the problem is brought to medical attention before the child's fifth year.

These findings clearly indicate that no one chooses to be a transexual, since the child's psychosexual development is set at an age at which he is incapable of making such a choice. It follows, then, that the adult cannot choose not to be what he has in fact been since his earliest years. Medical science may now fortunately amend, but it cannot reverse, the course of transexualism once it is confirmed. In summary, since the mind usually cannot be changed to fit the body, therapies are applied to change the body to fit the mind.

At what time of life does transexualism become apparent in the individual?

Signs of gender disorientation usually are clearly manifested by the time the child is three or four years old. Through his behavior, and often in emphatic statements, the child expresses his conviction that he truly is a member of the opposite sex. Since it is part of normal development for children to experiment with many roles and activities in the process of finding and forming their identity, parents may tend to overlook these signs, or decide that the child is going through a phase which it will soon outgrow.

To specialists in this field, it is the frequency and assurance of the child's cross-gender behavior, his spoken or unspoken conviction, that is the determining factor in identifying his transexualism. The little boy who would wear girls' clothes exclusively if permitted to do so, who consistently avoids boys' rough and tumble games to play the part of "mother" with little girls, who says he wants his penis to drop off or somehow disappear, is flashing strong warning signals. In some cases, such gross symptoms may not show up so clearly early in childhood, or even until adolescence, but subtler signs are usually evident long before then.

At what age is surgery undertaken?

As previously stated, if the problem is not successfully reversed before the age of five, there is small chance that it will be adjusted later except through surgery and hormonal treatment. For legal and medical reasons, the majority of transexual clinics do not approve surgery until the individual is twenty-one or older, after the physiological changes of puberty.

Are sex reassignment operations available on request?

With fortunately rare exceptions, no physician, surgeon or hospital team will initiate sex reassignment therapy without evaluating the individual through extensive physical and psychological tests and examinations. The reason for this is evident: the changes effected through surgery are radical and irreversible. The attending physicians must satisfy themselves as fully as possible that the individual can be adequately helped by no other means, that he is a *bona fide* transexual, and that he clearly understands and is committed to this process of rehabilitation.

Is there any treatment in addition to surgery?

After psychiatric consultation, the prescribed treatment begins with a course of hormone therapy, which is administered for at least six months preoperatively by an endocrinologist or internist. This initiates certain physiological and some beneficial emotional modifications which lay the groundwork for the larger changes to come. Should patient or doctor find it advisable to discontinue hormone therapy prior to surgery, nearly all of these alterations will gradually be reversed. If the patient proceeds through surgery, he will be required to maintain a carefully estimated dosage of hormones throughout his life.

After the transsexual has been maintained on hormones for some time, his physician will advise him to begin to live continuously, working and dressing, in the cross-gender role. The length of time varies from six months to two years, with the longer span preferred. Transsexual specialists agree that this period of cross-gender experience is crucial in determining whether the individual will be comfortable in himself and well-received by friends and associates after surgery, and, above all, that he will not undergo the disastrous experience of discovering that, despite the certainty of his initial conviction, he had in fact made a mistake.

Because this phase of trial living is so critical, it is important that the transsexual remain free from unnecessary interference by civic officials during this time, if his conduct is otherwise unexceptionable. Meanwhile, his physician and psychiatric counselor are carefully monitoring his emotional, social and physical adjustments, and helping him to formulate a decision that will be realistic and in his own best interests.

During this period, the male-to-female transsexual will be undergoing electrolysis for removal of the beard, a long and fairly costly process. He may also require training for the modification of his voice quality, and instruction in dress and the tasteful application of cosmetics. Cosmetic surgery, to minimize a prominent Adam's apple or to alter facial features that are too strongly masculine, may also be advised, although usually this is not recommended until after sex reassignment surgery.

Of what does sex reassignment surgery consist?

Sex reassignment surgery for the male-to-female transexual consists of removal of the external genitalia, with preservation of some skin tissue for the construction of an artificial vagina (genital reconstruction). Extended and delicate postoperative care is required for the success of male-to-female sex reassignment surgery.

Hysterectomy and breast removal are prescribed for the female-to-male transexual. Plastic surgeons are currently working on technics for the construction of a penis, but these have not yet been perfected.

Isn't cross-dressing against the law?

According to a recent survey, about ten states have laws and a number of cities carry ordinances against cross-dressing. However, the general trend toward greater liberality in matters of personal behavior and "victimless" crimes is reflected in the fact that a state such as New York, which until recently had such a law on its books, does so no longer.

Physicians who treat transexuals often provide them with a letter which explains that they have prescribed cross-dressing during the preoperative phase of treatment. On presentation of this letter, many county Departments of Medical Services (Mental Health Division) and state Departments of Health (Bureau of Special Health Services) will supply their own letter, signed by the department director, which may read as follows:

To Whom It May Concern:

This will attest to the fact that John Smith who resides at Address, City, State, is under treatment for a neuroendocrinological condition known as transexualism. He is authorized to live and dress as a woman, using the name of Jane Smith, during the preoperative phase of his treatment. Mr./Ms. Smith is not criminally inclined, and his cross-dressing is not intended to perpetrate a fraud or cause harm to any individual.

While such a letter will not protect the transexual from arrest in every county of all the states, it is acceptable as evidence of serious and benign intent in many localities. Some transexuals have presented a doctor's letter or an identification card issued by a medical officer at their local Police Headquarters and have then received tacit permission to cross-dress even in localities where prosecution is possible.

The Erickson Educational Foundation, and in San Francisco the Center for Special Problems, issue identity cards to transexuals on request.

Who administers sex reassignment therapies?

Until very recently, treatment was available chiefly through gender identity units, made up of medical, psychiatric and surgical specialists, which operated through university hospitals. They accepted only a limited number of applicants whose specific qualifications would further their highly defined research projects. Thus, the waiting lists were long, and many people who would have benefited from treatment were, of necessity, turned away. Medical costs were high, since the patients were subjected to exhaustive tests and examinations through which the researchers hoped to learn more about the causes and symptoms of transexualism.

At the present time there are in the United States, as in many other countries, endocrinologists and surgeons in private practice who are skilled in transexual therapy, to whom patients apply directly for diagnosis and treatment. Consequently, many more transexuals are finding help today, if they are able to finance the fairly high cost of medical care. In several countries having state medical programs, such as Holland, Sweden, Denmark, England, and several of the Eastern European countries, the state provides citizens and long-term residents with this care without cost.

Sex reassignment surgery, like any surgery, entails discomfort and expense. Couldn't the transexual satisfy his desire for a change of sex more easily and cheaply by simply cross-dressing?

The intractable conviction of the transexual that he *is* a member of the opposite sex and that his physiognomy contradicts his true identity cannot be relieved merely by adopting the clothing of the opposite sex. He would never cease to be aware that under those clothes is a body which is repugnant to him because it denies his inner image of himself. Sex reassignment offers him the one effective means of relief from this painful conflict.

Aren't all transexuals mentally ill? Couldn't they be cured by good psychiatric care?

A psychiatrist who specializes in problems of gender identity answers this question unequivocally: "If one thinks of psychotherapy for the transexual in terms of changing or 'curing' him then you're just barking up the wrong tree. It isn't going to happen."

Another distinguished psychiatrist who has worked extensively with transexuals made the following statement in an Erickson Educational Foundation interview: "My experience has been that transexuals range from people who are pretty badly psychotic to people who, outside of this one problem, function just as well as anybody could imagine. And other specialists in the field agree. But even transexuals who are pretty badly disturbed may be definitely better off after surgery, especially with continued counseling."

In other words, because the child's sense of itself as masculine or feminine is well set by the third year, many counselors who work with gender-disturbed people agree that counseling cannot reverse the course of transexualism. It may, however, be useful to those transexuals who require some form of supportive therapy to prepare them for surgery and to assist them in adjusting to postoperative life. In the best judgment of these counselors, sex reassignment surgery and hormone therapy remain the primary and indispensable modes of effective treatment for the transexual.

Are all transexuals cured by surgery? What do doctors say?

As explained earlier, transexualism cannot be cured, in the sense of reversed, but it may be significantly remedied by means of sex reassignment surgery. Data compiled by the gender identity clinics, which maintain follow-ups on their patients, indicate that the great majority of treated transexuals show marked social and emotional progress after surgery. Endocrinologists and internists, who are consulted periodically throughout the transexual's postoperative life for regulation of hormone dosage, also have confirmed these findings.

The following statement was made by a surgeon to an Erickson Educational Foundation interviewer: "People say that transexuals are poor risks, potential suicides. But it is only the transexual who does not achieve surgery who is a poor risk. Of the sixty patients I have seen through surgery, only one committed suicide. In his case it was a calculated risk: he was likely to have done so in any case. But the percentage of suicides among treated transexuals is no greater than average for any group of disturbed people. Most of my patients adjust very well, and not one regretted his surgery. On the other hand, I'm convinced that 10-15% of them would have attempted suicide if they had been denied surgery. If a person has problems, surgery won't solve them all; but it will solve the problem of transexualism."

What is the difference between a transexual and a hermaphrodite?

There are several types of anatomical abnormalities of sex, some of which are evident at birth and others which remain hidden until puberty, in which the individual develops some physical and anatomical characteristics of both sexes. He is then clinically described as intersexed or hermaphroditic. An intersexed person is not a transexual, although he may be subject to similar problems of confused gender identity.

Chromosome tests of intersexed persons sometimes show genetic irregularities, while the chromosome test results of transexuals are usually normal and their genital anatomy develops without abnormalities. The transexual's problem lies in his total *psychological* identification with the opposite sex.

***What is the difference between a homosexual and a transexual?
Don't they both choose a partner of their own sex?***

The homosexual, although he differs from the heterosexual in his choice of partners, like him experiences genital pleasure in intercourse. Even though an effeminate homosexual may occasionally cross-dress, under no circumstances would he wish to be deprived of his sexual organs. The transexual's sense of repugnance toward his physique, and particularly toward his genitals, is so great that a few of those who are ignorant of the medical remedy, or unable to avail themselves of it, have attempted self-mutilation or suicide as means of relief from intense inner conflict. Many homophiles, male and female, comfortably accept their homosexuality; they will tell you that their conflict is not with themselves but with the society that rejects them.

Transexuals regard themselves as heterosexuals desiring heterosexual partners; commonly, they abhor homosexuality. In a recent Erickson Educational Foundation interview, a psychiatrist who has had great success with transexual patients in supportive therapy made the following statement: "In my early work with transexuals, I believed that one of the principal factors accounting for transexualism was the rejection of homosexuality; that the only way that a male-to-female transexual, for example, could have sex with a male without guilt was for him to undergo surgery. But in the course of time I came to revise this view. For the true transexual, it's a question of total cross-gender identification. His goal is the whole way of life, with the social elements often foremost, being accepted as the person he has always felt himself to be, which surgical transformation makes possible."

What is the difference between a transvestite and a transexual? Don't they both like to wear women's clothes?

When a male-to-female transexual cross-dresses, he is, in effect, saying: "I am a female; I dress this way because this is the way women dress." For the transexual, then, the dressing is incidental to his larger design to realize his self-image by living the life of the opposite sex in all respects. Cross-dressing, though essential to his purpose, is but a means toward that end.

The meaning of the word transvestite is "one who cross-dresses," from *trans* (across) and *vestis* (dress). For the transvestite, who is typically a male, dressing is not a means toward an end, but an end in itself. He derives sexual satisfaction from wearing women's clothing, whether he is in company, alone, or engaged in (usually) heterosexual intercourse. One survey of transvestites indicated that 74% were married and 69% were fathers. Only 25% said they had had any homosexual contacts. In Kinsey's study of a broad spectrum of the male population, he found that 37% of the men surveyed had had at least one homosexual experience.

The transvestite, then, quite often is a heterosexual male who satisfies a compulsion to express the feminine side of his nature by periodically wearing feminine attire. He is often a fetishist, who may achieve sexual climax by wearing one such article, for example panties or hosiery. Fetishism is only very rarely found in transexuals. The male-to-female transexual's feeling of repugnance toward the male organs, the desire to have them altered and the body feminized to relieve his inner conflict, is entirely absent in the transvestite.

There is a good deal more social latitude in acceptable modes of dress for women than there is for men. Female-to-male transexuals and masculine-role ("butch") lesbians may freely wear masculine clothing in public, usually without attracting undue notice. This may have some bearing on the fact that transvestism apparently does not occur in the female in the special sense of cross-dressing for the purpose of sexual release.

Aren't most transexuals prostitutes or female impersonators?

While some male-to-female transexuals may enter a life of prostitution or entertain in transvestite clubs, they are a minority. In most cases, post-operative transexuals are unremarkable and socially inconspicuous contributing members of society: professional people, office workers, housewives. Many transexuals have endured so much scorn and disapproval in their preoperative life that the anonymity which life after surgery affords them comes as a welcome relief, and they are only too pleased to blend unnoticeably into their community.

As noted earlier, society allows women wider options in modes of dress, and many female-to-male transexuals take advantage of this latitude even prior to surgery by wearing masculinized or "butch" clothes, or, in some cases, men's clothing, in public as well as in private. There is, therefore, no compelling need for a female equivalent of male transvestite shows, although there are of course lesbian clubs where social and sexual contacts may be made.

Many transexual specialists have noted that, in general, female-to-male transexuals tend to be more realistic, stable and mature than their male counterparts. Their sexual relationships are frequently enduring ones, often with a strong romantic flavor, and instances of prostitutes among their number are probably extremely rare.

Are transexuals highly sexed people?

Studies indicate that transexuals, as a group, have a relatively low sex drive. The importance of the sexual aspect of their lives, post-operatively, varies considerably among individuals. Specialists in transexualism report that some of their patients, usually older people, don't expect an active sex life after surgery. Their fulfillment consists entirely in the new-found agreement of their external anatomy with their inner self-image. At the other end of the spectrum, there are transexuals for whom the sexual aspect of postoperative life is more important. Some have plans for marriage with a partner they have known before surgery, or hope to meet someone they will marry. For most transexuals, more important than the sexual factor is the prospect of living fully, socially and vocationally, in the gender role to which they feel themselves to belong, and being accepted by others in this role.

Can transsexuals marry?

To date there has been no definitive mandate concerning the legality of a marriage entered into by postoperative transsexuals. The courts in this country have yet to hand down decisions in such cases. However, many transsexuals have in fact quietly contracted enduring and successful marriages, which are accepted without notice or comment by the members of their communities.

Can transsexuals have children?

Sex reassignment surgery renders the individual sterile, both the biologic male and biologic female. The wife of a female-to-male transsexual may choose to bear children by artificial insemination. Both male-to-female and female-to-male transsexual partners in a marriage have been known to have adopted children through the appropriate agencies. In some cases, children of a previous marriage may join the household.

Isn't sex change surgery against the religious or moral law?

Those who argue against sex reassignment surgery often base their opposition on the fact that surgery deprives the individual of his reproductive capacities. Yet a moment's thought will show that it is highly unusual for someone who suffers from a disturbance of gender identity to marry and procreate. If, in the case of the male transexual, for example, he should do so in a desperate attempt to conform and "prove" that he is a man, the probability is strong that the marriage will fail, and his wife and children will suffer as well as he.

In 1966, the year the Gender Identity Clinic was officially formed at the Johns Hopkins Hospital, and one year after the first sex reassignment operation was performed in the United States at that hospital, fourteen Baltimore clergymen of various faiths were asked to give their opinions of the procedure. Thirteen approved, while one reserved judgment.

In 1973, the Erickson Educational Foundation made its own survey of priests, ministers and rabbis, whose statements were printed in our pamphlet *Religious Aspects of Transexualism*. Here is a sampling of what several of those polled had to say.

"Our commitment to a compassionate and merciful God who seeks to help each one of us achieve our fullest potential requires that we reach out in love to the transexual, who is seeking a fuller and more meaningful life."

*

"Recently we have seen an urgent need to promote organ transplants in order to improve life expectancy. However, when we consider altering the sexual organs, there is generally a moralistic value injected that is curiously absent with regard to surgical procedures involving other organs of the body. The Bible emphasizes that the godlike quality in man resides in his creation in God's image and not in his sexual organs."

"I am impressed that responsible leaders in the fields of medicine and psychiatry have not only identified the problem of transexualism, but also have developed ways to help restore harmony and wholeness to people who have known much personal and social pain."



"Genuine sympathy must be given to persons who suffer conflict and confusion over their sexual role. No matter the origin of the confusion, whether by genetic factors or parental influence, these persons must be accepted as persons, for they are members of the human family and they can make a contribution to society. If a solution comes through sex reassignment surgery, all people of wisdom can truly say, 'Thank God!'"



"Given our present state of knowledge of the transexual, it would appear that sex reassignment is the therapy of choice for the transexual person, as all other approaches seem to fail. In my opinion, such a procedure is entirely ethical and moral, and I cannot imagine any scientifically and spiritually enlightened person taking any other view. It is my belief that God intends for us to live abundant and self-fulfilling lives, and if sex reassignment better enables the transexual to achieve this goal in living, then it would seem to me to be positively good."



Those who disapprove of sex reassignment as a rehabilitation procedure fail to take into consideration all the reliably documented instances of treated transexuals who have been restored to happy, useful and socially acceptable lives through treatment. On simple humane grounds, the saving and rehabilitation of a life in jeopardy should be a primary consideration in the evaluation of any therapy.

CONCLUDING REMARKS

The definitions of sexual deviation are cultural and individual, and any given deviation is not necessarily, in terms of the law, a sexual offense. The layman may hardly distinguish between the two, confusing statistics with value judgments to make these crude equations: what most people do is right/normal/legal; what fewer people do is wrong/abnormal/illegal.

Controversy and misconceptions complicate our efforts to understand unusual sexual behavior. For example, it is commonly thought that sexual offenders are oversexed, whereas the contrary is true: their problem is primarily emotional, not glandular. And in the councils of psychologists who specialize in these matters, there is sharp disagreement as to what exactly constitutes deviant behavior.

Our laws reflect these conflicts of judgment and opinion. Whether or not a particular act is defined as a sexual offense may be differently determined by the various states and localities. Most states consider homosexual relations between consenting adults to be a crime, but some do not. In some states, any sexual activity (and this would include masturbation) other than marital coitus is legally defined as a criminal offense. Oral sex, even between marital partners, may likewise be regarded as criminal.

Professionals concerned with the treatment of deviant individuals have begun to recognize that the imposition of punishments effects no cure and, indeed, may only serve to reinforce what is often compulsive, involuntary behavior. With rehabilitation of the individual as the goal, they urge a greater reliance on the services of social workers, clergymen and psychiatric counselors than on the interdictions of the law, or the application of the two together where a second party has suffered harm.

Public prejudice and the ambiguities of the law compound the difficulties of the police officer in his dealings with persons whose sexual tendencies are out of the ordinary. For this reason among others, as James Sterling remarks in his study entitled *Changes in Role Concepts of Police Officers*,* the police officer is one of the most frustrated professional men in our society.

* International Association of Chiefs of Police, Gaithersburg, Maryland, 1972. James W. Sterling is the Assistant Director of IACP Professional Standards Division.

Mr. Sterling reports on an examination of the effects of the conflicts inherent in police work on the personalities of a group of patrolmen, who were tested during recruit training and again after eighteen months on patrol. The second testing found these men feeling considerably more aggressive and significantly less concerned with the desire to help others and to treat them with sympathy. Every day on the job, their original ideal of dealing impartially with groups and individuals had been put to the test in dangerous and distressing circumstances. Many came to exercise excessive assertiveness or excessive restraint of feeling as defenses against the heightened emotions these situations aroused.

Mr. Sterling suggests some remedies. First, he urges that the rules and regulations for the treatment of offenders should be more carefully defined. When his conduct in a given situation is clearly prescribed, the patrolman may more easily bypass his individual prejudices. The second recommendation is for greater emphasis to be placed on the behavioral sciences in recruit training, on enhanced understanding of individuals and groups different from oneself, and on self-knowledge, as tools to help the patrolman deal with others in situations of stress. Only when he knows and understands what he is dealing with, will he be able to act fairly and decide wisely.

In police work, which involves a delicate balance between service to people and control of them, it is Mr. Sterling's judgment that a broader educational program of the kind he outlines would be of immense value to the police officer, helping him to fulfill his duties judiciously and without sacrificing his human sympathies. This pamphlet on transexualism has been prepared in the hope that it will prove a useful resource for such police instructional projects.

SUGGESTED READING

1. THE TRANSEXUAL PHENOMENON, by Harry Benjamin, M.D. New York, Julian Press. 1966. \$8.50.
2. TRANSSEXUALISM AND SEX REASSIGNMENT, edited by Richard Green and John Money. 1969. \$15.00, Johns Hopkins Press.
3. SEX REASSIGNMENT, by John Money and Ronald J. Gaskin reprint from *International Journal of Psychiatry*, 9:249-282, 1970-1971. A copy of this 34 page reprint is available from Erickson Educational Foundation on request plus \$1.00 to cover postage and handling.
4. SEX ERRORS OF THE BODY: DILEMMAS, EDUCATION, AND COUNSELING, by John Money, Johns Hopkins Press. 1968.
5. John P. Holloway, "Transsexuals—Their Legal Sex," *University of Colorado Law Review*, 40:283-95.
6. Douglas Smith, Comment, "Transsexualism, Sex Reassignment Surgery, and the Law," 56 *Cornell Law Review*, No. 6 (July, 1971). Copies will be available from the Business Manager of the *Review* in early July.
7. R. Joel Tierney and Timothy M. O'Brien, "You're a Good Man Charlotte Brown," *Hennepin Lawyer*, 1968.

FROM THE ERICKSON EDUCATIONAL FOUNDATION

(Available on Request)

LEGAL ASPECTS OF TRANSEXUALISM AND INFORMATION ON ADMINISTRATIVE PROCEDURES

RELIGIOUS ASPECTS OF TRANSEXUALISM

GUIDELINES FOR TRANSEXUALS (Announcement will be made when available)

COUNSELING THE TRANSEXUAL—FIVE CONVERSATIONS WITH PROFESSIONALS IN TRANSEXUAL THERAPY

AN OUTLINE OF MEDICAL MANAGEMENT OF THE TRANSEXUAL
(Available only to the medical profession)

INFORMATION FOR THE FAMILY OF THE TRANSEXUAL



